

## STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### RECEIVED

JAN 24 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

#### PLEASE PRINT

1. Name of Loddyist(s):	Lisa K. Snapiro, Ph.D.; Paul A. Worsowicz; Heidi L. Kroll; Erik W. Taylor;  Sara K. Bosiak			
II. Name of Lobbyist's part	nership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & 214 North Main Street, Cor			
603-228-1181	603-226-3477	shapiro@gcglaw.com		
(Telephone)	(Fax)	(Email)		
	(Choose one – file separate reports for ions which are not attributable to any o	each client, OR you may file a separate report for one client.)		
All reportable transact	ions occurring in the month prior to the	eporting date relative to the following client.		
	NORTHEAST REHABILITATION	HEALTH NETWORK		
(Fu	ll Name of Client as it appears on the Lo	bbyist Registration Form)		
All reportable transact unrelated to any partic		ist's family), or the lobbying firm listed below which are		
IV. Date of Report:	April 26, 2017 🔲	July 26, 2017 🔲		
	rom date of registration to 3/31/17	activity from 4/1/17 to 6/30/17		
(	October 25, 2017	January 24, 2018 🗵		
activit	y from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17		
	received and no reportable transaction te just this form and submit it to the Secre	s made since the last report. etary of State's Office, State House, Room 204,		
VI. Check if additional rep  If you have received f	orts are attached: ees or made expenditures, you must file a	Addendum A – Fees and Expenses		
If you have paid an ho Expense Reimbursem	ent	ust file Addendum B – Report of Honorariums or		
If you, your firm, or y	our family has made political contribution	ns, you must file Addendum C – Political Contributions		
Sworn Statement/Affirmation I have read RSA 15, RSA 15-		rm that the foregoing information is true and complete		
to the best of my knowledge a				
A X81	vj	1/23/18		
(Signature of Lobbyist)		(Date)		
Lisa K. Shapiro, Ph.D.	·			
(Print Name of lobbyist)				



### STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)				
I. Name of Lobbyist(s)	of Lobbyist(s) Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; Heidi L. Kroll; Erik W. Taylor; Sara K. Bosiak			
II. Name of lobbyist's pa	artnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTREL	L, P.C.		
	(Name of partnership, firm or corporation			
	NORTHEAST REHABILITATION HEALTH NETWORK	Date January	24, 2018	
Jobbying including fees for	of all fees received from the client identified above the or services such as public advocacy, government relationing legislation, and related legal work. The gross fee	ions, or public relat	ions services,	
a) Total of all fees receive	ed in this reporting period	a) \$	10,000.00	
b) Total of all fees receive (This should equal the	ed this calendar year, prior to this reporting period.  total prior monthly reports for this calendar year.)	b) \$	45,250.00	
c) Total of all fees receive (Add lines a and b)	ed to date.	c) \$ —	55,250.00	
d) Indicate the amount of yet been paid.	f any such fees that are due, but have not	d) \$	5,000.00	
fees. Separate reports are lobbyist(s)/firm that are user to be reported in one reporting period for sala expenses where the expenses where the expenses of a ceremonial statement of each individ covered by (a) (for example given to the subject of legislative reception). Exon separate addendums a	rtnerships, firms, or corporations are required to repet to be filed for expenditures made relative to each climinated to any one client a separate report may be for of three categories of expenses: (a) the aggregations, benefits, support staff, and office expenses; (bunditure was of \$25.00 or less (for example: meals pure, say, purchase of a pen with a value of less than \$10 the object given to a person being lobbied with a value shall expenditure made during this reporting period of spele: purchase of a meal with value of greater than \$25 obbying with a value greater than \$25, but not great expenses for honorariums, expense reimbursement, or and should not be reported on Addendum A.	ent and if expendition in the lobby is e total of all expenses to the aggregate to inchased during a bat is given to the pof \$25.00 or less); greater than \$25.00 purchase of a center than \$50, resta	st(s)/firm. Expenses nses paid during the tal of all individual susiness lunch where erson being lobbied and (c) an itemized of for any purpose no remonial object to burant expenses for	
b) Total aggregate of expin a), of \$25 or less.	penditures during this reporting period, not reported	c) \$		

c) Total of all itemized expenditures reported in detail in section VI.

.00.

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: NORTHEAST REHABILITATION HEALTH NETWORK		
d) Total expenses for this reporting period.		
(Add lines a, b and c.)	d) \$	15,000.00
e) Total of expenses paid this calendar year, prior to this reporting period.	٠, ٣	45.250.00
(This should be the amount on line f of addendum A for last month's report.)	e) \$	45,250.00
f) Total of all expenses year to date.	f) \$	60,250.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying period, including by whom paid or to whom charged.	; fees during this	reporting
Paid to:		ount
	\$	
	\$	
	<b>\$</b>	
	\$	
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)	the foregoing in	
Lisa K. Shapiro, Ph.D.  (Print Name of Lobbyist)		
(Fillt Name of Loodyst)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Paul A. Worsowicz (Print Name of lobbyist)

Statement of Incon	ne and Expenses for:			
Name of Lobbying p	Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.			
Name of Client (leav particular client):	ve blank if Statement is fo Northeast Rehabilitati		orporation and not related to any	
Date of Report (che	ck one):			
April 26, 2017 🛘	July 26, 2017 □	October 25, 2017 🗆	January 24, 2018 🔀	
		e Statement of Income and E atement (insert the number o	expenses described above, and the f Addendum forms being	
1 Addendum A(	s).			
0 Addendum B(	s).			
0 Addendum C(	s).			
	firm that the foregoing in of my knowledge and be		and each Addendum is true and	
Signature of Lobb	yist)		/-22-18 (Date)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Statement of Incom	e and Expenses for:		
Name of Lobbying p	artnership, firm or corpor	ration: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.
Name of Client (leav particular client):	ve blank if Statement is fo Northeast Rehabilitati		rporation and not related to any
Date of Report (che	ck one):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017 🗆	January 24, 2018 🔀
I have read RSA 15, following Addendur submitted):	RSA 15-B, RSA 664, the ns submitted with that Sta	e Statement of Income and E. atement (insert the number of	xpenses described above, and the Addendum forms being
1 Addendum A(s	8).		
0 Addendum B(s	3).		
0 Addendum C(s	s).		
	firm that the foregoing into of my knowledge and be		nd each Addendum is true and
(Signature of Lobby	·. Loll yist)		122/15 (Date)
Heidi L. Kroll			
(Print Name of lob	byist)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

(Print Name of lobbyist)

Statement of Income and Expenses for:			
Name of Lobbying	partnership, firm or corpo	ration: GALLAGHER, CA	LLAHAN & GARTRELL, P.C.
Name of Client (lea particular client):	ve blank if Statement is fo Northeast Rehabilitati		orporation and not related to any
Date of Report (che	eck one):		
April 26, 2017 🗆	July 26, 2017 🗆	October 25, 2017 🗆	January 24, 2018 🔀
		e Statement of Income and E stement (insert the number o	expenses described above, and the f Addendum forms being
1 Addendum A(	s).		
O Addendum B(	s).		
0 Addendum C(	s).		
	firm that the foregoing inf of my knowledge and be		and each Addendum is true and
<u> </u>	Jal		1/14/18
(Signature of Lobb	yist)		(Date)
Erik W. Taylor			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

(Signature of Lobbyist)

(Print Name of lobbyist)

Sara K. Bosiak

	P ************************************		
Name of Lobbying	partnership, firm or corpo	ration: GALLAGHER, CA	LLAHAN & GARTRELL, P.C.
-	ave blank if Statement is fo Northeast Rehabilitati	-	orporation and not related to any
Date of Report (ch	eck one):		
April 26, 2017 🗆	July 26, 2017 □	October 25, 2017	January 24, 2018 🔀
		e Statement of Income and Enterent (insert the number o	expenses described above, and the f Addendum forms being
1 Addendum A	(s).		
0 Addendum B	(s).		
0 Addendum C	(s).		
-	affirm that the foregoing in st of my knowledge and be		and each Addendum is true and
Sunca	Busiak		1-18-18

(Date)